

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47431

1. Entity Name

BRECKLIN, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90093 029 ***150.00

Principal Place of Business 505 N SAMSULA DR NEW SMYRNA BEACH FL 32168	Mailing Address 505 N SAMSULA DR NEW SMYRNA BEACH FL 32168-8768
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3114716	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, TERRY A.
 3930 LANGFORD RD
 NEW SMYRNA BEACH FL 32168

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDERS, TERRY A. 3930 LANGFORD ROAD NEW SMYRNA BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDERS, DONNA SUE 3930 LANGFORD ROAD NEW SMYRNA BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDERS, EDMOND R. 101 UNDERBRUSH TRAIL DAYTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Edmond R. Sanders <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 712 Central Park Blvd. Port Orange, Fla. 32127 of Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERS, WILLODEEN O. 101 UNDERBRUSH TRAIL DAYTONA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Willodeen O. Sanders <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 712 Central Park Blvd. Port Orange, Fla. 32127 of Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edmond R. Sanders
 Edmond R. Sanders

Date

Daytime Phone #

5/2/00 904/423-1670

CR2E034 (9/99)